

HOW TO NURSE SICK CHILDREN.

LONDON

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HOW TO NURSE SICK CHILDREN;

INTENDED ESPECIALLY AS A HELP

TO THE

NURSES AT THE HOSPITAL FOR SICK CHILDREN:

For the benefit of which Institution it is published.

BUT CONTAINING DIRECTIONS WHICH MAY BE FOUND OF
SERVICE TO ALL WHO HAVE THE CHARGE OF THE YOUNG.

BY

CHARLES WEST, M.D.

PHYSICIAN TO THE HOSPITAL FOR SICK CHILDREN.

SECOND EDITION.

LONDON:

LONGMAN, GREEN, LONGMAN, AND ROBERTS.

1860.

"THE BEST LOVE MEN CAN OFFER
TO THE GOD OF LOVE, BE TRUE,
IS KINDNESS TO HIS LITTLE ONES,
AND BOUNTY TO HIS POOR."

ADVERTISEMENT
TO
THE SECOND EDITION.

THE former edition of this little book was published anonymously. I have now affixed my name to it, in accordance with the wish of my publishers, and of many other friends of the Children's Hospital, who are of opinion that I shall thus better promote the objects for which it was written.

C. WEST.

LONDON: April 1860.

TO PARENTS.

THIS little book is published for the benefit
of the

HOSPITAL FOR SICK CHILDREN,

which was opened in the year 1852 in Great Ormond Street, Queen Square. It was the first hospital for children ever established in this country. The poor now flock to it, sick children from all parts of London are brought to it. The out-patients in the first year were 1252, last year they were 9867, and nearly 60,000 have received relief since

it was first opened. During the same time 2274 children have been admitted into the wards; the accommodation in which has been gradually increased from twenty, to thirty, and two years since, to forty-four beds. At this last number, however, it still remains stationary. Forty-four beds! when more than 21,000 children die every year in this metropolis under ten years of age; and when this mortality falls thrice as heavily on the poor as on the rich!

But alas, the tables of mortality do not tell the whole of the sad tale. It is not only because so many children die, that this Hospital was founded; but because so many are sick; because they languish in their homes; a burden to their parents who have no leisure to tend them, no means to minister to their wants. The one sick child weighs down the whole family; it keeps the father poor, the home wretched. The little one lives on in sadness, and dies in sorrow; a

sorrow broken only by a strange gladness which even the mother can scarcely repress when the burden is removed, and the sick child is taken where it will be sick no more.

Christianity founded the first hospitals, it taught the duty of caring for the sick, but for ages this care did not reach beyond the useful citizen, the productive member of society. But Christianity teaches more, it teaches to care for all; to care for those who cannot care for themselves; it enjoins a special duty, and affixes to it a special blessing. Do not then let this Hospital fail for want of funds. Visit it for yourselves: see what its daily working is, read the simple tale of good done which its Reports unfold; and then, if you feel for the poor, if you love little children, if you have children of your own, or have had, and lost them, or have had them given back to you when you feared that they would be taken from you forever—let every motive which policy can

suggest, which philanthropy can furnish, affection enforce, or religion sanctify, induce you to join with the Committee, and give them what best you can contribute, your time, your influence, or your money, to forward them in their work.

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TO
THE NURSES
AT
THE HOSPITAL FOR SICK CHILDREN.

MY DEAR FRIENDS,

It is a matter of no importance who it is that thus addresses you. You would not, I trust, read a book intended to help you the less attentively, or consider what it contains the less thoughtfully, because it was written by a stranger. It will therefore be quite enough for me to say that it is written by a person who has seen a great deal of little children, especially of little sick children, who loves them very much, and believes that you would not have un-

dertaken to nurse them, unless you loved them too.

A nurse's
qualifica-
tions.

Indeed, if any of you have entered on your office without a feeling of very earnest love to little children,—a feeling which makes you long to be with them, to take care of them, to help them,—you have made a great mistake in undertaking such duties as you are now engaged in: and the sooner you seek some other mode of gaining an honest livelihood, the better. I do not mean this unkindly, for you may be very good, very respectable women, and yet be very bad nurses. You may be feeble in health, and then you will be unable to bear the confinement and the fatigue of attending upon the sick; or you may be fretful in temper, and may find your greatest trial to consist in the difficulty of subduing it, and in being as thankful to God for all his daily mercies, and as friendly with those whom you live amongst, as you ought to be; or you may naturally have low spirits, and a child's prattle, instead of refreshing, may weary you.

Now if any of these things is really the case with you, I would advise you not to be a children's nurse, and especially not to be a nurse in a Hospital for Sick Children.

There is a great difference, as you must by this time have found out, between a child when well, and the same child when sick. When well it is all life and merriment and fun; — if a baby, springing in its mother's arms, smiling at everything, or ringing out its tiny laughter for very joy at being alive; or if it is older, jumping about, running backwards and forwards, full of frolic, shouting aloud with gladness, or in its more serious moods playing with its toys with the drollest earnestness. Nothing is easier, with the most moderate good temper, than to attend upon it then. But if illness comes; first the child loses its merriment, though it still shows just every now and then a sad attempt at playfulness, and then, as its illness increases, it grows more fretful; so fretful that nothing can go right with it. It cries to be laid down in its bed, and then no sooner have you placed it

A nurse's
difficulties
and duties.

there, than it cries to be taken up again; it is thirsty, and asks or at least makes signs for drink, but nothing that you offer pleases its taste, and it pushes away the cup, irritated all the more by what you have so kindly done to promote its comfort. For days and nights this continues, but yet you bear it, losing your own sense of weariness in anxiety for the life of your little charge. At length amendment comes, but as the anxiety you had felt passes away, you are disappointed at finding that, instead of being more loving and more fond for all that you have done for it, the little one is more cross and fractious than ever, and it is only by degrees that its childish ways come back to it, and that you discover that the illness did not destroy, but only took away for a short time, the little loving heart.

Now if you devote yourself to the duties of a nurse in a Children's Hospital, all this will be happening over and over again every day: while as soon as your care and nursing, with the doctor's skill and God's

good blessing, have made the sick ones well, they will be taken away from you to go home to their friends, and fresh sick children, fresh cross children, will come in, to tax your strength and try your temper. Sometimes, too, the parents of the sick children are not nice civil-spoken people; they show no gratitude to you for all your pains, but give themselves great airs, almost as if you were their servants, and as if they had been doing you and the doctor a great favour in putting their child under your care. Now all this is very hard to bear, and yet you must bear it, and do your duty, and be happy in spite of it, if you are to be a useful nurse.

Happy in spite of this! Perhaps some one may say, "No, that I am sure I cannot be! Always to have some cross children to care for, often to meet with unkind and ungrateful parents: that is too hard!" I own it is hard, —so hard that I would not advise any one whose health is indifferent, whose temper is fretful, or whose spirits are low, to undertake the office of a nurse. Even those whose

health and temper and spirits are the best, and who have the truest love for children, need something more to help them to bear it. And this something more is the thought that all these blessings,—the good health, the sweet temper, the cheerful spirits, the very love for children which you feel in your heart,—are so many great gifts of God, to be used for his glory, for the good of these little ones, whose Father as well as your Father He is, and whose special blessing is promised for every kind act, even for the very least, which you do for every sick child in this Hospital.

But if this be so, if God condescends to take special notice of such work as yours, if He promises to it a special blessing, you must be sure that He will mark whatever you do ill ; that any bad temper, any angry feeling, any impatience, any neglect, or careless watching of those whose life or health is intrusted to you, will excite his displeasure. “To whom much is given, of him will much be required,” and you see

that though your office may seem a very lowly one, though your name may never be known out of the Hospital, yet in God's sight your calling is a very high and very noble one,—one which He watches very closely, one which He has promised to reward very highly: that it is therefore one which you ought to follow as in His sight: daily trying to discharge its duties better, daily asking His blessing, daily seeking his forgiveness for all your shortcomings.

Though I have spoken thus fully of all the difficulties and of all the drawbacks from what you might have fancied were the pleasures of a nurse's occupation, yet I should be very wrong if I gave you the impression that, even in this world, there were not great rewards attached to it. In the discharge of any duty there is an honest pleasure, and this pleasure is always in proportion to the difficulties encountered, or to the greatness of the good attained. The difficulties you already see are many: to feel that you have overcome them, that you

A nurse's
rewards.

have kept your temper when sorely tried, that you have watched most carefully when sadly wearied, that you have carried out all directions given you most faithfully, brings, and was intended to bring with it, a sense of real satisfaction:—not a feeling of conceit at your supposed skill and cleverness, but the “answer of a good conscience,” telling you that by God’s help you have been enabled to do your duty. But besides this, the delight of seeing a sick child recover; of watching all its little baby ways come back one by one; of feeling that you have its confidence and love;—for in spite of all their cross and naughty tempers, little children’s love is not hard to win, nor hard to keep:—this is a source of pure and daily returning happiness, such as no other occupation brings with it, such as ought, I think, to make for you, what a good man called “music at midnight.” And though there are some exceptions to it, yet very generally the parent’s gratitude is not wanting; and a mother’s blessing whose heart

ou have made glad is a blessing indeed ;
ne which money will not purchase, one of
hich poverty, and sickness, and death
elf, will not rob you.

It seems, then, that the calling of a nurse
a highly honourable one,—one by which
ou may not only earn a respectable liveli-
ood, but may also in its pursuit do good
very day, and almost all day long. Nor is
his all ; but by the constant practice of those
ttle duties, little virtues, the need of which
very hour will bring with it, you may
row more and more like your Saviour,
ad at length receive the great rewards of
lory, and honour, and immortality which
e has promised to that patient continuance
well doing, for which a nurse has as much,
rhaps has more, opportunity than a princess.

If now your mind is made up to follow
its calling, there yet is needed to discharge
s duties well, something more even than
ght intentions, than patience, and love, and
umbleness of mind (though they will go
r to fit you for it), or than all those good

Object of the
book.

qualities of cleanliness, and neatness, and diligence, and order, which are essential in any other pursuit.

My object in this little book is to point out to you what those other qualifications are, and to give you some help in acquiring them, to explain to you what a nurse's special duties are, to tell you some things which a nurse ought to know, but which I believe have never been put down in books before.

A nurse's place. The nurse not the doctor.

First, however, I must remind you that the nurse is not the doctor; that she never can be; that if she forgets her proper place, and tries to interfere with his duties, or to set herself above his directions, instead of being a blessing she will be a curse, instead of promoting the sick child's recovery she will very often hasten its death.

"Oh," says a nurse sometimes, "the doctor is quite a young man, and I have been a nurse these ten, or twenty, or thirty years: I have seen a great deal of children. I am sure I ought to know; and Mr. Jones or Dr. Smith who attended where I lived as nursemaid

—I to do quite different from this.” And thus, having disobeyed the doctor’s orders, constantly happens, that the nurse is afraid to tell him the full extent to which she has gone against them; but either professes to have carried them out, or else in trying to justify herself for having deviated from his directions makes an incorrect report of the patient’s condition. When this is done, one of two things is sure to happen. Either the doctor is displeased at what he considers an improper neglect of his directions, is cross, perhaps hasty, in his manner, or even angry with the nurse, and rude to her; and thus personal dislike arises between the nurse and the doctor; she goes against his orders as often and as much as she dares, speaks against him to the child’s parents, makes them very anxious, very unhappy, and being constantly with them, while the doctor is there only for a few minutes at a time, induces them sometimes to join in thwarting his wishes: and all this time the child gets worse and worse, and at length

dies. Or, the doctor believes to the full the exaggerated statements which he hears, alters his practice under the belief that such changes were necessary, when in reality they were not desirable, and the nurse gains a triumph;—but what becomes of the patient?

Now this, I know, is a fault much less likely to be committed in a hospital than in private families: to a great extent, indeed, it is impossible for a hospital nurse to be guilty of this fault. But I would remind all nurses that even the youngest doctor must have a great deal more knowledge about diseases and about remedies than almost any nurse can have. The nurse hears that one child has inflammation of the brain, another has inflammation of the lungs, and so on; but she knows almost nothing about these parts of the body, except just that people breathe with the lungs, and think with the brain, and so on. The doctor has had to learn how these parts are made and shaped; how it is that the lungs serve in breathing or the brain in thinking, and he has seen, what

nurses have not, the changes after death that disease has produced in these very parts. Hence he is a much better judge of what the danger to be feared is in this case or in that, and, consequently, of what will be likely to be the best means of removing it. Besides, there are certain means of making out the progress of some disease, with which the doctor is acquainted, but of which, without any fault of a nurse, she is necessarily ignorant; as, for instance, the listening to the chest, in order to judge by the sound of the breathing, or the beating of the heart, whether these parts are doing their duty properly, or whether disease in them is growing worse, or getting better. The experience, too, of even a young doctor is in reality larger than that of an old nurse; he has seen a great many cases in the hospital when a student, and studying them with the advantages of his superior knowledge must have learnt more about each than a nurse possibly can have done, while the mere number of patients seen by him is much

greater than can have come under the notice of any nurses, with the exception of the few who have themselves been for years engaged in a hospital.

The nurse's
relation to
the doctor.

But there are bad doctors sometimes; doctors who were idle when young, and are perhaps stupid, and obstinate, and self-conceited when old, and there can be no question but that a good nurse is worth a great deal more than a bad doctor. How, then, is a nurse to acquit herself of her duties, so as, whether the doctor is good or bad, to render the greatest possible service to her patient, to promote his recovery to the utmost of her power?

First. Let her constantly have before her mind a sense of the high importance of her own duties; of the infinite value of human life, of the strict account she must give, not to man, but to God, of the manner in which she performs what she has undertaken, and then all such foolish, paltry feelings as jealousy of the doctor, dislike to him, or desire to show off her own knowledge will

not enter into her heart, or if they do for a moment, they will not abide there, will not influence her conduct.

Second. Let her be firmly convinced that, even as far as her employers are concerned, real knowledge of her duties, and zeal in their performance, real skill in understanding the signs of disease, or in perceiving when a plan of treatment is likely to be useful or injurious, cannot remain unnoticed, will seldom be allowed to pass unrewarded.

Third. Let her remember, however, that this knowledge must be real, this zeal sincere, this skill founded on patient watching, and careful observation, not a mere pretence, nor idle talk. I never yet knew the doctor who would not listen with attention to the remarks of a careful, judicious nurse, or consider her suggestions: but when she has nothing more to say than such stuff as, "The poor thing will be lost for want of strength;" or, "I never saw any good come of those nasty blisters;" or, "I am sure all that calomel is not fit for a child;" or, when she says, "I

thought the child would have died several times in the night;" or, "I thought he would have gone into fits;" or says he is much better, or much worse, without being able to give reasons for her opinions; or always talks in an exaggerated way, of "burning hot," or "stone cold;" or declares that a child "takes nothing at all," when it turns out that he has had a little tea, or a little barley-water, or a little arrow-root; no attention will be paid to her: the doctor, if a kind man, takes no notice of her; if unkind, he shows by his manner that he thinks her ignorant and stupid, and, perhaps, even says so.

A nurse's duty towards the doctor is twofold.

1st. Strictly to carry out his directions as to the treatment of the patient.

2nd. To observe the patient's condition; to notice the changes in it, and what she may either know or suppose to be the effects of the treatment, so as to give a short, clear and correct account to the doctor at each visit.

Both of these duties must be discharged *truthfully*. Directions must be carried out to the very letter of the rules given her; or, if for some good reason any direction has not been observed, this omission must be stated, and the reason for it assigned simply, honestly, with no concealment and no exaggeration. Any doubt as to the result of a plan which the doctor is pursuing, must be stated to him quietly, respectfully, in the absence of the patient's friends; and no doubt should be expressed without a corresponding reason, and one more definite than the opinion that this or that has done no good, or that the child has been worse since this or that remedy was employed.

In private families, unfortunately, it happens far too often that the nurse is quite ignorant of illness, quite incompetent to attend the children during it. She was the children's maid when they were well, she knows the duties of her place, she is proud of her little one's good looks, and happy in their love. Illness comes, for few are the

Frequently the
families of
nurses in
domestic
service.

nurseries into which, sooner or later, it does not enter: the nurse is unprepared for its approach, she does not understand its signs, she does not know how to lessen its sufferings. She has never made a poultice, she has never strapped a wound, she is afraid to touch a leech. She can do nothing but look sadly on, — the most useless person in the household; — or at the best can only sit with the sick child upon her lap, vainly trying to soothe it, but in ignorance withholding the drop of water which it craves for, or afraid to wash it, or to change its dress, lest she should give it cold; when perhaps the cool drink would have allayed its burning thirst, the sponging would have relieved the fevered skin, and the night would in consequence have been passed in quiet sleep, instead of in restless tossing.

Such ignorance this little book is intended to help, but a far better help than this book would be a few weeks passed in the Children's Hospital, as a pupil nurse, learning at the bedside how to do all those little offices

which would make a young woman as useful in sickness as in health. What should we think of the sailor who could manage his ship in fair weather only, but did not even profess to know his duty in a storm, and must then leave it all to the captain? The doctor, like the captain, can only direct; — what comes of the patient if the nurse cannot carry out his directions?

Between thirty and forty young women can be trained every year in the Children's Hospital. No other charge is made than suffices to defray the bare cost of their board. On leaving they will receive a certificate of competence, and their names will be kept afterwards on a register by the matron, so that, provided they maintain a good character, they will deserve and command higher wages, get better places, and get them easier, than young women who know but half of the duties which are involved in the proper care of children.*

The Children's Hospital a training school for nurses.

* Applications with reference to the admission of young women as pupil nurses, must be made to the matron at the Hospital. The committee earnestly entreat the special

What to observe: a child's language.

But wherever or however a nurse may have learnt her duties, it is certain that she cannot discharge them well, unless she has been taught what to observe: for the signs of disease differ as well according to the age of the child, as to the nature of the illness from which it is suffering. Cries are the only language which a young baby has to express its distress; as smiles and laughter and merry antics tell without a word its gladness. The baby must be ill is all that its cries tell one person; another, who has seen much of sick children, will gather from them more, and will be able to judge whether its suffering is in the head, or chest, or stomach. The cries of a baby with stomach-ache are long, and loud, and passionate; it sheds a profusion of tears; now stops for a moment, and then begins again, drawing up its legs to its stomach; and as the pain passes off stretches them out again, and with many little sobs passes off into a quiet sleep.

co-operation of ladies in this attempt at the practical improvement of one of the most important classes of domestic servants.

If it have inflammation of the chest, it does not cry aloud, it weeps no tears, but every few minutes, especially after drawing a deeper breath than before, or after each short, hacking cough, it gives a little cry, which it checks apparently before it is half finished; and this either because it has no breath to waste in cries, or because the effort makes breathing more painful. If disease is going on in the head, the child will utter sharp, piercing shrieks, and then between whiles a low moan or wail, or, perhaps, no sound at all, but will lie quiet, apparently sleeping, till pain wakes it up again.

It is not, however, by the cry alone, or by any one sign of disease, that you are to judge either of its nature or its degree: but I mentioned this merely as an instance which any one can understand of the different meaning that even a baby's cry will convey to different persons.

When a child is taken ill, be the disease from which it is about to suffer what it may, there is at once a change from its con-

dition when in health such as soon attracts the attention even of the least observant. The child loses its appetite, is fretful and soon tired, and either very sleepy or very restless, while most likely it is thirsty, and its skin hotter than natural. In many instances too it feels sick or actually vomits, while its bowels are either much purged, or very bound. If old enough to talk it generally complains of feeling ill, or says that it has pain in some part or other, though it is by no means certain that a little child has described rightly the seat of its pain; for it very often says that its head aches, or its stomach aches, just because it has heard people when ill complain of pain in the head or stomach. Some of these signs of illness are of course absent in the infant, who can describe its feelings even by signs imperfectly; but the baby loses its merry laugh, and its cheerful look; it ceases to watch its mother's or its nurse's eye as it was used to do, though it clings to her more closely than ever, and will not be out of her arms even

for a moment, and if at length rocked to sleep in her lap, will yet wake up and cry immediately on being placed in its cot again.

Such symptoms of illness as these may continue for one or two days before the doctor is able to determine what disease the child is about to suffer from, and in this state of doubt the nurse may do much by her careful observation towards helping the doctor to come to a right decision. At the children's Hospital it is customary, unless otherwise ordered by the doctor, to place a child on its admission in a warm bath. For this now there are several reasons in addition to the very evident one of ensuring the child's perfect cleanliness. The warmth of the water is grateful and soothing to its feverishness, and that is one advantage; but another is that when stripped for the bath the nurse has the opportunity of carefully examining the whole of the child's body, and thus of seeing whether there is any rash, or eruption as it is called,

How the nurse helps the doctor to find out the disease.

upon it, while the bath moreover helps to throw out any rash if it were about to appear. It is not enough, however, to have looked out for this when the child was in the bath; but once in every twelve hours at least, till the nature of the disease has been ascertained, you should take the opportunity of carefully repeating this examination. With a little care you will soon learn to distinguish the different rashes; that of Measles appears as a number of dark red spots, in many places running into each other, and is usually seen first about the face and on the forehead near the roots of the hair, while it is usually preceded by running at the eyes and nose, and all the signs of a severe cold. The rash of Scarlet Fever does not appear in separate spots, but shows itself more in a general bright red colour of the skin, not unlike that of a boiled lobster. It appears first about the neck and chest in greater degree than about the face, and is usually preceded and accompanied by sore throat. The eruption of Chicken

Pox is attended by fever, but not by so much running at the eyes and nose as measles, nor with the same frequent cough; while the spots are small separate pimples, which come out generally over the whole body, as well as about the head and face. They appear earlier by a few hours on the body than elsewhere; and are seen in a day or two, having much enlarged in size, to turn into little bladders of water as big as the top of a large blanket pin or bigger. This water next becomes milky in appearance; and then the bladders containing it shrivel and dry up into small yellowish-brown scabs, which soon fall off.

I will not take up more time in describing other kinds of rashes which are occasionally seen, but with which in the course of your duties you will become familiar. I was anxious only to make you understand the reason for attaching this importance to careful examination of the skin. But there are many things besides to which you must pay attention, for we have supposed that the

nature of the child's disease is still uncertain, and that the doctor does not feel himself able at present to pronounce an opinion. You must now therefore set to work carefully to watch all the signs or symptoms of illness which present themselves; you must notice whether the child is hot or cold, or whether while one part is very warm another is quite chilly; you must observe how the child likes to lie; whether flat down in bed, or propped up high almost as if sitting; whether the light distresses it or no; whether it seems in pain, showing this either by signs, or by actual complaints; while as night comes on the changes in its state must be observed with particular care. With the approach of night, very many diseases get worse; and while you expect this to be the case, you must carefully notice what are the signs of increased illness which in each instance manifest themselves. Fever is generally higher; you must notice if it is very much so;—the dull heavy state of many children suffering from inflam-

ination of the brain, or from some forms of fevers in which they lie dozing during the day, is often succeeded by delirium and loud outcries for some hours at night ; or if the child sleeps it talks much in its sleep, about its lessons or its play, and the observation that these things have happened will serve to help the doctor in his judgment. If, though these things do not occur, yet the child is restless, you must try to ascertain from what cause. It may be from pain, or it may be from thirst, or from cough which disturbs the child, or from difficult breathing, which grows worse whenever the child falls asleep, and then wakes him up again every few minutes, or it may be from that sleeplessness which illness brings with it. If then you are to give a useful report to the doctor at his visit, you must not merely be able to tell whether the child slept or was restless, but you must have watched so attentively as to be able to describe exactly the manner in which the night was passed, to report when the child slept and how ; when it was restless and

why. But there are other things to notice besides the manner in which the night was passed; as, for instance, whether the breathing is short, or hurried, or difficult, whether the child coughs, and if so whether the cough returns often or but rarely, whether it is tight or loose, or short or hacking, whether it lasts long or returns in fits, whether it is accompanied by any peculiar sound, whether it seems to hurt the child or to distress him, either by the length of each cough, or by its frequent return, and whether the breathing is much quickened by it. Further the presence or absence of sickness or of disposition to vomit, the want of appetite, or the existence of thirst, are all points to which your attention must be directed.

Use of order
in the nurse's
reports.

Supposing now that you have noticed all these matters with care, you will be in a position to make a report of your observations to the doctor, and one which will be very helpful to him in determining what the nature of the case is. But this report will depend greatly for its value upon the clear-

ness with which it is made, and upon your account of what has passed being given very much in the order in which the different things that you observed really happened. Now what I mean by a clear and orderly report would be one somewhat of the following kind. I will suppose that a nurse is giving in the morning an account to the doctor of what she has observed since his visit to the child on the previous afternoon: and she says to him:—

“Before being put in the bath, the child seemed cold, but afterwards grew quite warm, appeared comfortable, and fell asleep for a little time. When in the bath I noticed no rash upon the skin, but this morning there is some redness round his neck, and the upper part of his body. He was heavy and drowsy during the afternoon, but towards night became more restless, cried out in his sleep, and seemed sometimes quite light-headed, and his skin was very hot and dry in the night. He appeared very thirsty, craved for cold drink, though he took but

little at a time, and seemed to have some difficulty in swallowing: and this morning he does not appear to be any better than he was yesterday. He was a little sick once yesterday, but has not been so since; his bowels acted once last night, the motions were quite natural, and he has made a little water twice: I have saved all that he has passed for you to see."

Now from such a statement as this, even before seeing the patient, the doctor would have learned almost to a certainty that the case was one of scarlet fever; and it must be quite evident that there is no more real difficulty in the way of giving a straight-forward, orderly history of what has been observed, than in telling the same things without any plan or method. All that is necessary is that from the first you set about it in the right way. If a child, however, is very ill, and there is much to do in the way of giving food or medicine, or if you gather from the doctor's expressions that he regards the child as in very serious danger, I would advise you not to trust entirely to

our memory, which may deceive you, but just to put down on a bit of paper the date at which medicine or food had been given, or when the bowels acted, or when any special change took place in the child's condition. This, too, is still more important if you are very tired by long sitting up and close watching, for then even with the greatest care, and the best endeavour on your part, many things will be almost sure to escape our memory.

In a hospital where the nurse has no other business than that of watching the sick, and where long familiarity with illness instructs her as to what to observe, very accurate reports are often made from memory alone. In private, however, where the nurse is not so accustomed to observe, and consequently not so accurate in her observation, the practice of noting down the occurrences, from time to time, in every case of serious illness, is of great service. I am accustomed in such circumstances to desire a record to be kept on a sheet of paper divided into five columns: one for food, another for medicine, a third

Reports
of writers
etc.

for sleep, a fourth for the evacuations, and a fifth for any special point which the nature of the illness renders of importance; and feel that by so doing I not only obtain a more accurate report than I should otherwise be likely to receive, but that also at the same time I train the nurse to habits of closer and more correct observation.

The things which are especially to be noticed must depend very much on the disease from which the child is suffering, the stage which that disease has reached, and the treatment which the doctor is adopting; and through the whole course of the child's illness, the signs of its disease, and the effects of remedies upon it, will both have to be carefully observed by you, and points which may in one case be of great importance may in another scarcely need mention.

Thus, for instance, if the doctor fears that a child is about to suffer from inflammation of the brain, or water on the brain, your telling him that the child had been sick once or twice, or that it had had no relief from the

Points to
notice differ
in different
diseases.

bowels, or that it had seemed very cross and irritable, and then afterwards had been very rowdy, would be information of great value, giving reason to fear that the little one was much worse. If, however, the child had been suffering from an attack of bowel complaint or diarrhoea, as it is called, sickness is a very common symptom which need not alarm you, the absence of action of the bowels would be a favourable sign; stomach-ache would naturally have made the child cross and irritable, and its going to sleep afterwards would show that the pain must have abated, and that the child was in all probability better.

It is, of course, only by degrees that you can expect to learn what the most important symptoms are, showing that the head, or chest, or stomach, is the seat of disease: but I will bring to you this knowledge, and if you set out just learning in mind some very simple rules, you will not be long in acquiring

For instance, remember that it is the brain by means of which we think, and wish,

and love, and hate; that the brain governs our power of talking, and our power of moving, and is as it were the fly-wheel which sets all the machinery in motion, and you will then expect to find the manner, disposition, likings, and affections altered when the brain is diseased, and the power of moving and the power of talking more or less interfered with. But next you will recollect that the child has not yet learnt to do with his brain all the things which the grown person can, — that he cannot talk perhaps, or cannot walk, or that he knows very little, and can remember very little of what passes around him. You will then be prepared to find the child with disease of the brain cross and fretful, not liking any of the things that usually amuse it, burying its head in the pillow to keep out the light, crying if a candle is brought into the room, or if suddenly disturbed, or if any noise is made near it, and perhaps taking a great dislike to those whom it used to be most fond. Often too it will cry out aloud, for cries are its only lan-

age, if it is very young; and even if able to talk, the effort at speaking sets the brain to work, and if the child's brain is suffering, that work must be painful to it. If you take the child up in your arms to soothe it, as you have often soothed a sick baby before, the child seems frightened and distressed; it is dizzy, and afraid of falling; feels, in short, just as you may have felt sometimes, if, when suffering from bad sick headache, you have been compelled to get out of bed.

In the same way you will bear in mind what the lungs serve in breathing: — if they are diseased you will look more to how their duty is performed, and will at once feel that the child's cough, the number of times that it draws its breath, the ease or difficulty with which it lies flat down in bed, the side which it turns when in its cot, are the things for you to notice chiefly. Or if the disease is in its stomach, the appetite and, first, the presence of vomiting, the state of the bowels, the cries of pain or the actual complaint of its existence, and the degree of

tenderness on pressure, are evidently enough the most important symptoms, and those concerning which the doctor will look to you for information.

I will now therefore go a little more into particulars, and will try to point out to you the more important things that you will be expected to notice and to do, in the greater number of cases of disease of the head, chest, and stomach respectively, and will then lastly make a few remarks to you on the nurse's duties in fever.

Signs of disease of the brain.

In most diseases of the brain in childhood which threaten life, there are two distinct stages, as they are called, in the first of which there is excitement, in the second stupor; or, to state this more simply, the disease may be divided into two halves; — in the first half the child is in pain, and shows its pain in various ways; in the second half the sense of pain is gone, but the power of feeling is gone too, or greatly lessened. In the first the mischief is doing, in the second the mischief is done. Now I have already

Did you what many of the symptoms are, which show the brain to be disordered in children; that light, and noise, and movement, distress the little one, that its temper is altered, and its manner fretful, while the pain very often causes it to cry aloud. Besides these there are some other signs of disorder of the brain, which I will just mention to you, and if you do not understand *why* their occurrence shows the brain to be affected, you must, nevertheless, try to bear them in mind, and must take my word for it, that what I tell you is correct. Sickneſs and vomiting are a sign of disorder of the brain; convulsions are another. Now you may fancy that sickneſs is only a sign of disorder of the stomach, and may feel at a loss to understand what it can have to do with the brain: so I will try to explain the matter. From the brain itself there pass to all parts of the body *nerves*, as they are called; small strings as it were, which go everywhere, and thus keep up connection between all parts. We wish to move our

arm or leg, and when we try to do it, we send a sort of message there, just as the message is sent along the wires of the electric telegraph, and then we lift the weight, or take the step we wished to do. But these nerves or strings serve another purpose too; they carry the news from one part of the body to another, if any suffer; if the leg is in pain the nerves tell the brain of it; and if the brain is ill, the nerves tell even the legs and arms of it; as I dare say you may have found some day, when very ill with headache, you have also felt pain all over you. But the brain has other work to do; there are many important parts of our body which we cannot see, over which we have little or no influence; we cannot help breathing, or digesting our food, and so on; and yet if the brain is out of order, all the duties of these different parts, *functions* as doctors call them, cannot go on quite well; for the brain, as I said, is like the fly-wheel which sets all the rest of the machinery in motion. This effect of disorder of the brain shows itself in various

says, but in none more strikingly than in the way in which it produces disorder of the stomach. The brain suffers, and the stomach is told of it, and feels it; little children, as you know, are easily made sick, and so with them there is not only the feeling of sickness, but there is actual vomiting; and it is of importance for you to remember this, in order that you may not omit to mention its recurrence to the doctor in any instance in which an infant or young child is fretful and feverish, and cannot bear the light or noise; for the sickness shows that the disorder of the brain has been serious enough to derange the stomach.

You see, then, that in some circumstances a symptom which you might suppose to be of but little moment may, in reality, be of great importance; that the presence or absence of sickness may tell a great deal about the presence or absence of disease of the brain. But there is another symptom of disorder of the brain so serious that you are not likely ever to overlook it, but concerning

Mental
convulsions

which I will say a few words, to prevent you, if possible, from being too much alarmed at its occurrence, and from speaking and acting as if it left but very little hope of a child's recovery. I do not doubt but that you have seen a baby in fits, and a very sad sight it is indeed : — the pretty little face all distorted and livid ; the eyes rolling or squinting frightfully, the hands clenched, the arms bent, the legs drawn up, the body arched backwards, and all the limbs twitching violently ; while the child is insensible and cannot see, cannot swallow, cannot move of its own accord. At length in a minute, or five or ten minutes, or an hour, or more, the fit ceases, sometimes by degrees, sometimes all at once ; the child fetching a deep sigh, and then lying quiet and pale, with all its limbs relaxed, as if in a faint, from which it passes into sleep, and some hours after seems pretty well. Or it may be that when the fit subsides, and the limbs become relaxed, all the muscles of the body have been so tired out by their violent movements, that

they can work no more for the present; the heart stands still, the chest is not raised to draw in air again into the lungs, and the baby dies — dies, not because any part has been spoilt for its work, but because the whole frame is exhausted, and its movements stand still, just as a watch stops for want of winding-up. Sometimes a fit comes on from a sudden cause, and kills a baby that seemed before quite well; sometimes the child has been long ailing, and while thus out of health has fits daily, or several times a day for weeks together; sometimes fits occur with violence, and after having recurred two or three times in a single day, you find that measles or scarlet fever has come on, and from the outbreak of the rash the fits quite cease. At other times, after long illness, fits come on when the child is very weak, and their occurrence is soon followed by death; or, again, after the signs of disorder of the brain have been present for days, convulsions occur, and are followed by very marked improving of the child's condition, who be-

comes more stupid than before, or swallows less well, or loses the power over one limb, or one side of the body, and usually dies before many days more have passed.

Now all the various circumstances in which fits take place in early life, and the various conditions which follow their occurrence, show plainly enough that the meaning, so to say, of a fit is very different in different cases. A fit shows that the brain has been disturbed in the quiet performance of its duties, but, taken alone, it shows nothing more. The disturbance may depend on some sudden fright which the child had, and then it will most likely soon pass away, and when the fit is over, the danger will be over too; or it may depend on the teeth pressing against the gums, and causing pain; so much pain that at last it disorders the brain, and the baby has a fit. Here, too, when the gums are lanced, the irritation will cease for a time, and when the child has cut all its teeth, the irritation will cease completely. If the fits come on at the end of a long

Illness, they show that the brain, in common with all other parts, is disordered, and that disorder of the brain shows itself by fits, just as disorder of the lungs shows itself by cough or rapid breathing; while if they come on in the course of some disease of the brain itself, they are a proof that that disease is advancing, that the child is growing worse instead of better.

Time and attention will bring experience with them, and you will learn by degrees to distinguish the meaning of fits in different children, and in different circumstances. What I wish now to impress on you is that the meaning differs widely in different cases, and that you judge of it, and the doctor judge of it, by the nature of the symptoms which have gone before, and of those which have come after the fit, as well as by the character of the fit itself. Now when a fit depends on some disease which has been going on in the brain, it generally happens that both sides of the body are not equally affected by it, but

that one leg and arm, or perhaps one arm alone, is twitching and struggling, while the other side of the body remains quite still, or is disturbed much less, being affected after the other, and the movements of that side of the body ceasing sooner. After the fit is over too, the side which was most affected is often comparatively useless, or even altogether powerless; the limbs, however, not being supple and easily bent in all directions, but the joints being contracted; the arm, for instance, stiffly bent, and the fingers drawn into the palm of the hand. Now symptoms such as these always show the character of a fit to be more serious, its causes to be less capable of cure than when it affects both sides equally, when it leaves both sides unpalsied, and the limbs uncontracted, and when consciousness returns immediately, or speedily after the fit has ceased.

Fits, however, do not often occur at an early period of any disease of the brain, but usually take place after other symp-

oms have shown themselves for many days, such as might cause you to fear what the nature of the disorder is. Fretfulness with frownsiness, and yet with unquiet, uneasy sleep, dislike to the light, not shown perhaps by actual complaints, but by the half-shut eye and the face turned from the window, are some of the earliest signs, which even with slight attention will attract your notice. Head-ache, and heat of head, or dizziness which makes the child stumble as it walks, or cry in alarm if moved from one person's arms to those of another, may also be observed, and when with these signs there are sickness and vomiting, and a confined state of the bowels, these are all evidences of disease in the head, which will leave little doubt, should a fit afterwards occur, but that it is the proof of incurable mischief having been done. As disease in the brain goes on, the child will sleep more, perhaps still uneasily, or it may be a deep sound sleep, which seems as if it must be a great blessing to the suffering

little one; but if you watch it you will find that from this sleep the awaking is but imperfect, the eyes are opened drowsily, and the large dark pupil of the eye is grown to twice the size it used to be, and becomes no smaller, or very little smaller, when light is let into the room. Now and then, too, there is a slight cast in the eye, or it may be a constant squint; or even if not, the child sometimes seems to see, and then you doubt a few hours after whether its sight is not altogether gone; and a fit comes on now, or perhaps having occurred before, comes on again, and tells the doctor, and tells you too, if you have watched the child intelligently, that there is no room for hope now: that mischief has been done beyond the power of medicine to cure; that life is drawing to an end, that consciousness will not come back here; but that when the babe wakes up it will be in that happy place where it will have no more pain, no more crying, and to which in a few short

years it will welcome you, if having done your duty to it in the days of its suffering you may be found worthy to hear from your Saviour's lips the blessing, "Inasmuch as ye did it to the least of one of these, ye did it unto me."

I have said thus much about convulsions in children, in order that you may understand thoroughly why it is that they are not always to be treated in the same way; why sometimes they are not to be treated at all; but that, sad as they are to look upon, it may in some instances show the doctor's wisdom when he says to you, "if fits should come on, you must do nothing." On the sudden and unexpected occurrence of a fit, indeed, in a child previously healthy or who had not long been ailing, you may with safety, and often with benefit, place the child in a hot bath, while at the same time you dash cold water on its face, or pour cold water on its head, or hold on it a large sponge dipped in cold water. The hot bath will draw the blood towards the skin, and away from the over-

A nurse's
duties in
cases of dis-
ease of the
brain.

loaded brain; it will quiet the general disturbance, and if any fever such as measles or scarlet fever were brooding, it will very likely make the rash come out. Except in such circumstances, however, your wise course will be to wait for the doctor's instructions as to what to do, and not to act as though because the warm bath is of use in some cases it must be in all. The same remedy as when rightly used is of great service, when out of place will do much harm.

Management
of the sick
room.

It is no part of my purpose to explain how every little thing is to be done, which a nurse will have occasion to do in a sick room. But, as I have told you, the chief things to *notice* when the brain is disordered, so I will briefly mention the chief things to which you must *attend*. The room must be kept *cool*, and *darkened*, and *quiet*. *Cool*; and this must be regulated by a thermometer. Your feelings are not a sufficient guide; but if the thermometer, when hung out of a draught, and yet not near the fire, shows a temperature of 55°, that will be a proper warmth for the

room to be kept at. *Darkened*; not by shutting out completely both light and air with closed shutters, still less by drawing all the curtains round the bed, but by letting down the blinds so as to have a sort of twilight in the room, and by shading any light which at night may be burned in the apartment; while further you must observe as to the place the child's cot, that whether by day or night his face shall be turned from the light, not directed towards it. *Quiet*; and this requires not only general quiet in the house, but quiet in the movements of all persons in the room: speaking not in a whisper, but in a low and gentle voice; walking carefully, not in a silk dress, nor in noisy shoes, but not on tip-toe, for there is a fussy sham quietness, which disturbs the sick far more than the loudest noise.

Little precautions, so trifling that few think of noticing them, have much to do with the quiet of the sick-room, and consequently with the comfort of the patient. A rattling window will keep a child awake for

hours, or the creaking handle of the door rouse it up again each time any one enters the room; and to put a wedge in the window, or to tie back the handle, and so quietly open or close the door, may do more than medicine towards promoting the child's recovery. There can, however, be no abiding quiet without a well-ordered room, and the old proverb carried out, "A place for everything, and everything in its place." A table covered with a cloth so that things may be put down and taken up noiselessly, and set apart for the medicine, the drink, the nourishment, cups, glasses, spoons, or whatever else the patient is in frequent need of; with a wooden bowl and water for rinsing cups and glasses in, and a cloth or two for wiping them, will save much trouble and noise, and the loud whispers of the attendants to each other, "Where is the sugar? where is the arrowroot? "where did you put down the medicine?" of which one hears so much in the sick-room, so much especially in the sick-room of the child, who is unable to tell how extremely all

his disturbs him. Management on the nurse's part, too, will do much to render the doctor's visit less trying than it otherwise could be to the child. Her report should not be made, as is too often the case, in the child's presence; the doctor questioning, and different answers being given, or different opinions expressed; a little dispute as to some perhaps trivial point going on for three or four minutes, undoing by this idle disturbance all the good which hours of perfect quiet had been needed to accomplish.

With due attention to these points it sometimes happens that the doctor is enabled to pay his visit, and to learn all he needs to know, without arousing the child at all, for he can notice its breathing, and count its pulse, and feel its skin unnoticed. Often, however, this will not suffice, and then if the child is suddenly roused or roughly awakened, becomes alarmed, the doctor is unable to form a correct judgment of its condition, and the whole time of his visit is occupied in fruitless attempts to pacify it. With a little

care all this might be avoided. The child should first be half aroused by gently touching it; it may then be softly called by name, or by some customary term of endearment; while it is always desirable that a face which it knows and loves should be the first to catch its eye on waking; and in speaking to it the voice cannot be too soft, nor the tones too gentle. The same gentleness, too, must extend to every movement of the child, to turning it in bed and so on. If it is necessary to raise it in order to give it food, the nurse must remember that the head aches, and that the little one is dizzy; the head must not be raised from the pillow, but the arm must be passed beneath the pillow, and the head raised while thus resting upon it.

Giving medicine.

Quiet is disturbed, sometimes unavoidably, in order to give a child medicine; but much of the distress which is thus occasioned may generally be avoided by a little care and management. Most powerful medicines, such as would be needed by a child when very ill, can be given in the form of powder: and

small powder can be mixed with a little bread and milk in such a manner as to be scarcely tasted. A little bread and milk may be put in a tea-spoon, and then on that the powder, which, without being stirred up with the contents of the spoon, should then be covered over with a little more, and may thus be swallowed almost unawares. A dose of castor-oil, usually one of the great griefs of the nursery, may often be given without the least difficulty if previously shaken up in a bottle, with a wine-glassful of hot milk sweetened and flavoured with a stick of cinnamon boiled in it; by which all taste of the oil is effectually concealed. Medicine, too, even when really nauseous, will often be swallowed by a child almost unnoticed if given when it is half asleep. This experiment, however, though very successful once or twice, will not bear frequent repetition, and, indeed, most medicines for children are ordered by doctors as small in bulk, and as little unpleasant, as possible; but if after every trial you cannot succeed in ad-

ministering what has been prescribed, without fighting and struggling with the little one, it is better to desist from the attempt till the doctor's next visit, rather than to throw a child, when seriously ill, especially if with some disease of the brain, into a state of furious excitement, by fruitless endeavours to administer remedies. The doctor will, at his visit, either alter the remedies, or perhaps direct you to persevere in their employment, even in spite of the child's resistance, though he is much more likely to do the former than the latter.

Importance
of truthfulness.

I cannot leave this subject without observing that three-fourths of the difficulties which attend the administration of medicine are commonly the result of previous bad management of the child, of foolish over indulgence, or of still more foolish want of truthfulness. It may answer once to tell a child that medicine is nice when really it is nasty, but the trick will scarcely succeed a second time, and the one success will increase your difficulties ever after. If medicine is

absolutely necessary, and the child is too young to understand reason, it must be given by force, very firmly, but very kindly, and the grief it occasions will be forgotten in a minute or two. If he is old enough, tell him that the medicine is ordered to do him good, and firmness combined with gentleness will usually succeed in inducing him to take it, especially if after so doing you tell him he is good, and it is a pleasure to nurse him, or that you will tell the doctor what a good child he is in taking what is ordered for him. The advantage of perfect truthfulness extends to every incident in the illness of children even, to the not saying, from a feeling of kindness, "Oh, you will soon be well," if it is not likely so to be. If children find you never deceive them, how implicitly they will *trust* you, what an infinity of trouble is saved, and how much rest of mind is secured to the poor little sufferer.

A little boy, three years old, was ordered to be cupped. The cupper, a very kind old gentleman, said, to encourage him, "Oh, dear

little boy, it's nothing." The child turned to his mother, saying, "Mummy, is that true?" His mother said it was *not*; but that for her sake she hoped he would try to bear it well, and the operation was performed without a cry or sound.

Leeching and
application of
cold.

There are two things which are often attended by much and needless difficulty and distress in the case of children suffering from disease of the brain,—namely, the application of leeches to the head, and the employment of cold. In applying leeches all trouble may usually be avoided by the simple precaution of putting them on either behind one ear, or else on the top of the head, where they will be out of the child's sight, and at the same time will not be liable to be rubbed off as it rolls its head from side to side. If four leeches are ordered, to put two behind each ear, as I have sometimes seen done from a notion that both sides of the head will not otherwise get relief, is a very foolish practice, which occasions the child much unnecessary fright. Cold is best applied by means of a

couple of bladders half-filled with pounded ice, and wrapped in two large napkins; one of them should be placed under the child's head, the corners of the napkin being pinned to the pillow-case to prevent its being disturbed, while the other is allowed to rest upon the head, but with the corners of the napkin again pinned to the pillow so as to take off the greater part of its weight. Thus arranged, the cold application will neither get displaced by the child's movements, nor will the child itself be wetted, as it too commonly is when wet cloths are employed for this purpose, nor irritated by their perpetual removal and renewal.

But I will now try to explain to you what things specially require your notice when disease is seated in the chest, though the points which you should observe are too evident to need that I should say much about them. The frequency of the child's breathing, the difficulty with which it is accomplished, the degree to which it is interrupted by coughing, and whether that cough is tight

Diseases of
the chest.

or loose or painful, are clearly enough the objects to which the doctor's inquiries will be directed, and to which therefore your chief attention must be paid.

The kind of cough, and the kind of breathing often tell very much as to the nature of the disease of the chest from which the child is suffering. When the breathing is hurried, the child never taking a full breath, and breathing every now and then interrupted by a stitch, or catch, or by a cough which is short and painful, the case is most likely one of *pleurisy*, or of inflammation of the covering of the lungs and lining of the chest. A burning skin, very hurried breathing, much more hurried than in pleurisy, but not attended by actual pain, a frequent, short, dry cough, with no moisture in the nostrils, and no tears in the eyes, are the usual signs of *inflammation of the lungs*. A common cold, accompanied by a cough, which returns in fits at intervals; the intervals becoming shorter, the fits of coughing longer and more severe in the course of a few days,

of different diseases of the chest.

until at last when they come on the child turns red in the face, seems almost choking, and then draws a deep breath with a loud sound or whoop; such are the signs of *hooping-cough*. A feverish cold, with frequent cough, continuing for a day or two, or even for a shorter time, then usually towards evening or in the night becoming suddenly worse, the cough noisy and barking though still short, and the bark growing more shrill, and like the sound of a penny trumpet, the voice hoarse, then whispering, the breathing harsh, accompanied by a peculiar noise, not exactly wheezing, but a sort of crowing sound, never forgotten when once heard, and known as croupy breathing, are the characters of that dangerous disease *croup*. A sound not unlike the croupy breathing is sometimes heard in children who are teething, or who are unsuitably fed; is accompanied with convulsions, or at least with threatenings of convulsions. It is known from the sound that attends true croup, or inflammation of the windpipe, by the ab-

sence of cough and of heat of skin, or of symptoms of a cold, by its coming on gradually, by the disordered state of the bowels, and by the little threatenings of convulsion, such as the clenched hand with the thumb shut into the palm, by which it is attended.

These things are mentioned, not in order that the nurse may fancy that the knowledge of them will make her, or is meant to make her independent of the doctor, but that she may know when to take alarm, what in each case to be most afraid of, that she may not, by indulging in fear of imaginary evils, add to the anxiety of her employers instead of being able to allay their sometimes needless apprehensions.

As in the case of diseases of the brain, however, so here there are not only certain things to notice, but also certain things to do. And first, the temperature of the room requires particular care in all cases of inflammation of the lungs; for cold air would not only distress the child and make its cough worse, but also most likely increase its disease. As I have already told you,

The nurse's duties. Temperature of the room.

Your own feelings are not a safe rule by which to govern the temperature of a sick room, but you must be guided entirely by what the thermometer placed at a distance from the fire tells you as to the degree of warmth, and in these cases that should not be less than 60 degrees. But while you thus keep the room warm, you must not heap bed-clothes on the child, as is too often done without consideration. The inflammation brings fever with it; the child's burning skin will be rendered still hotter and drier by covering it with bed-clothes. A warm room, and a light covering are proper in all cases of inflammation of the lungs; for the air breathed ought to be warm, so as not to irritate and distress the delicate lining of the air tubes; a cold room and abundance of bed-clothes would be not only uncomfortable, but mischievous. It must be remembered too, that though proper attention to the temperature of the room will prevent much risk of the child's catching cold, yet care is still needed in taking the

child out of bed, especially after a warm bath, or when medicine has been given to act on the skin, and when it is, therefore, of the utmost importance that perspiration should not be suddenly checked. A warm dressing-gown or wrapper should be always close at hand, so that if the little patient on waking suddenly calls to be taken out of bed, he may not be removed from it without being warmly covered up.

Posture of
the child.

Next to the temperature of the room, the position of the child requires attention. When people are labouring for breath, you have, I dare say, noticed that they always place themselves almost in a sitting posture; and even though your little patient be not breathing with very great difficulty, yet you should remember that he will breathe much more easily if you prop him a little up in bed, than if you let him lie flat down. In the case of all babies, however, and of children under three years old, there is another reason for great attention to this point, and one which I will try to explain to

ou. The lungs are something like two large pongs, into which the air enters through the windpipe; and passing through smaller and still smaller tubes, comes at last into very tiny cells, so small indeed that they can be distinguished only by means of a magnifying glass. When the lungs are inflamed some of the air tubes become clogged up; the very small air cells are pressed on by the flow of more blood than natural into the part; and the air consequently enters less easily than it should, and in smaller quantities. Now, if you let the child lie quite flat, not only is it less able to draw a deep breath, and so to fill its lungs completely, than if it were sitting, or at least propped up in bed, but also the blood flowing towards the inflamed portion of the lung returns less easily from it than it otherwise might do. If you have had a whitlow on your finger, you know that when the hand is hung down, the inflamed finger will become redder than before, and will beat, and throb so that you

can scarcely bear it, while if you raise your hand, the pain abates, and the swelling and redness diminish. Now, though the same increase of pain is not felt when blood collects in the inflamed lung, yet the consequences that follow from it are very serious. The air-cells become more and more pressed on, the admission of air is rendered more and more difficult, and at length, if a large part of the lungs be thus rendered useless or nearly so, the child will die, and will die from this cause sooner than a grown person would. You cannot, indeed, alter the position of the lungs as you can that of a limb, but yet if you raise the child up in its bed, it is clear to you that the blood will not so readily settle in its lungs as if you allow it to lie flat, while, further, it will be able to take a deeper breath, and to do it more easily. I trust, therefore, that you will never neglect this simple precaution, now that you know the reason why attention to it is so important.

Importance
of quiet.

Lastly, you must keep the child as quiet

possible. If a limb is inflamed you rest and you know that this resting the limb quite necessary in order that the treatment may be of any service. But just as walking and lifting exercises the legs or arms, so do crying and crying exercise the lungs, and therefore, if they are inflamed, the less the child talks, the less it cries, the better. No one can tell you how to prevent this; you must soothe the child by every gentle way that a woman knows. If the child is a baby, you may sing some little tune to it; or drawing a flannel wrapper round it, may hold it in your arms, and as you walk the mother may try to hush it to sleep. If the child is older, you may tell it stories to keep it quiet, and no one who really loves children will be at a loss in finding a story to tell. Children love to hear of what happened to grown people when they were young:—tell them of your own childhood—of what you saw and did when you were a little girl, of the village where you played, of where you went to school, of your church and your

Duty of
a mother
to her
children.

clergyman. Or tell the fairy tales that you heard and your mother before you, and her mother before her in childhood—the tales of Goody Two Shoes, or Cinderella; Blue Beard, or Beauty and the Beast. I name them because I would not have you think that fairy tales are too foolish to be told now that we have so many good and useful books for children. Grown people need amusement sometimes, and children, even when well, cannot be always reading wise and useful and instructive books. The story which teaches nothing wrong; which does not lead a child to think lightly of what is good and right,—which, in short, does no harm,—is one which you need not fear to tell to children, even though it does not impart any useful knowledge, or convey any important lesson. God himself has formed this world full not only of useful things, but of things that are beautiful, and which, as far as we can tell, answer no other end than this, that they are lovely to gaze upon, or sweet to smell, and that they give

asure to man. Your special business, however, when a child is ill, is to give it pleasure: to give it as much pleasure as it can then partake of; and in the exact proportion as you can succeed in this, will you in very many instances promote the child's recovery. Trust me, too, for this: that the innocent fairy tale which has beguiled our little patient of a weary hour will not leave you less able to tell, nor the child less ready to listen to, the story of Samuel or of Joseph, or to the history of how God once made a child to the rich woman who had been sold to the prophet, and how she rejoiced in him till the sad summer day when he went to the reapers, and the sun struck him, and the baby died, and how God gave him life again when the prophet prayed. Nor will I am sure, prevent the child from lifting up his little hands with you when you repeat to him a prayer to his Saviour, and ask of us, who so loved little children, to make him well again; or speak to him of the heaven of joy, and love, and beauty prepared for all good children, where they shall never

hunger any more, nor thirst any more, and where "the inhabitant shall not say I am sick."

How to
arrange the
warm bath.

One caution more I perhaps should give you, as applying more particularly to cases of disease of the lungs, and that concerning the employment of the warm bath. Often ordered by medical men, often extremely useful when properly managed, it yet is frequently made a source of needless distress and terror to little children. If the bath is brought into the room, prepared in the child's sight, and he is then taken out of bed, undressed, and put into the water which he sees steaming before him, he very often becomes greatly alarmed, struggles violently, cries passionately, and does not become quiet again till he has sobbed himself to sleep. All this time, however, he has been exerting his inflamed lungs to the utmost, and will probably have thereby done himself ten times more harm than the bath has done good. Very different would it have been if the bath had been got ready out of the child's sight,—

When brought to his bedside it had been covered with a blanket so as to hide the steam,—if the child had been laid upon the blanket, and gently let down into the water, and this even without undressing him if he were very fearful; and then, if you wish to make a baby quite happy in the water, put in a couple of corks or bungs with feathers stuck in them, for baby to play with. Managed thus, I have often seen the much dreaded bath become a real delight to the little one, and have found that if tears were shed at all, it was at being taken out of the water, not at being placed in it.

Serious diseases of the stomach and bowels, with the exception of diarrhoea, are not of frequent occurrence after the first year or two of life, nor do the nurse's duties in their management call for many remarks. Sometimes, however, the sickness and vomiting from which a child suffers are increased by want of judgment in the mode of giving food and drink. When there is a disposition to sickness, the stomach will

The nurse's duties in diseases of the stomach and bowels

How to check sickness

bear only very small quantities of food at a time,—much smaller, indeed, than are commonly given; while almost always warm drinks are borne much less well than such as are cold. Whenever, then, sickness is troublesome, it is well to make no attempt for an hour or two to give any kind of food or drink. After the stomach has thus had complete rest for a time, a single teaspoonful of perfectly cold water may be given, and if this be not thrown up, it may be succeeded in ten minutes or a quarter of an hour by a second or third. If this is borne, a little water thickened with isinglass, a little cold barley water, or cold milk and water, may be given; and then with the same precautions, and in very small quantities, beef tea or chicken broth, or whatever food the doctor has directed. The smallness of the quantity of food given at a time, and the giving that cold, are the two chief points to attend to; though next to them, and indeed scarcely less in importance, is the avoiding moving the child hastily in giving

food, or raising it more than absolutely necessary out of the lying position.

Another subject which deserves a little notice concerns especially the management of children suffering from diarrhoea, in whom the skin is apt, without most scrupulous care, to become much irritated, or even actually sore. You are, I doubt not, fully aware of the necessity of extreme cleanliness in order to avoid this, but you may not know that soap and water, which might naturally appear the best means of keeping the skin clean, are very apt to irritate the surface, and are consequently in these cases very unsuitable. The less use you make of soap therefore the better, while you will find thin starch, made as if for use in the laundry, though very much thinner, not only serve every purpose of cleanliness, but soothe the inflamed and irritated skin. If there be already any soreness, after drying the child carefully as possible, you may dust over the parts a little zinc powder, and afterwards apply to them some zinc ointment spread

Attention to
cleanliness.

Child not to
be moved.

on soft linen rag. In the case of children much exhausted by any illness, but particularly by diarrhœa, it is very important that they be moved or lifted out of their cot or cradle for any purpose as little as possible. In a state of great weakness, fainting or convulsions are sometimes produced by suddenly moving a child, suddenly lifting it up in bed, or taking it out of bed. You must learn, therefore, to sponge and clean it, and even to shift it, by merely turning it, and that with all possible gentleness, first to one side, and then to the other. It must not even be lifted up to change its bed-gown; but the gown should be torn up the back, and may thus be taken off and a clean one put on again, with very little disturbance, while a few stitches will serve to run it together again after it has once been put on.

Attention to
giving food.

Another point which in these cases, and sometimes indeed in others, requires much attention, is the support of the child by proper nourishment. When worn out by diarrhœa, the desire not for food only but

even for drink, is sometimes almost completely lost: the child who at one time cried much, and seemed in much suffering, grows quieter, becomes disposed to doze, and will even sleep on for hours if undisturbed, asking for nothing, and seeming fretful only if aroused. In such cases, if you allow the child to remain without nourishment simply because it does not seek it, or because it refused nourishment when offered, it will sink into a deeper and still deeper doze, and pass at length into a state of stupor from which nothing will rouse it, or into a faint that will end in death. When, therefore, you are told in this case to give nourishment,—arrow-root and a little wine perhaps, or chicken broth, or whatever it may be,—remember that the child's life depends upon your carrying out this order to the very letter. Remember, too, that to do so will require the greatest perseverance and watchfulness: that the nourishment which the child receives one minute, it will take five minutes

afterwards ; that the occurrence of difficulty in swallowing, instead of being a reason for desisting from your attempt, is but an additional ground for repeating it with more earnestness than ever. In these cases, too, it is especially important to keep an account on a piece of paper of the quantity of nourishment taken each time, and the exact hours at which it is given ; while the child's being asleep is no reason for allowing the proper time to pass without the proper food being given, since you now know that death, not recovery, would be the end of such sleep if undisturbed.

Fevers—their
different
dangers.

I told you something about fevers at the beginning of this little book, and mentioned to you that a rash upon the skin attends almost all the fevers from which children suffer, and that a different rash attends each different sort of fever. Now it would take up a great deal too much time, if I were to tell you how each different fever runs a different course, and is attended by dangers

from different causes; so I will only mention that in Measles, the great risk is of inflammation of the lungs; in Scarlet Fever, of ulcerated sore throat; in Small Pox, which happily we do not now often see, the danger is in proportion to the quantity of the eruption; and in Remittent Fever, the danger arises either from the strength giving way in the second or third week of the disease, or from the brain becoming seriously affected. In each fever, then, you will have to be on the watch against a different danger, and one coming on at a different time; the danger of measles being either just as the eruption is coming out, or else about the fifth or sixth day; the sore throat of scarlet fever increasing every day till the fourth or fifth, but seldom becoming severe after that time, if it had been but slight before; while the chief danger of small pox does not occur till about the seventh or eighth day, however abundant the pox may have been. Another thing to bear in mind, too, is that fevers, unlike most diseases, have a certain course

The nurse's
duties

that they run, a certain time that they must occupy, even if they are ever so mild, that no skill of the doctor can cut them short; while, further, the danger which attends them, though greatest at certain periods, is yet not altogether absent at any part of their course, and may by acts of imprudence be at once brought on. In fevers, then, more depends, when they are not very bad indeed, on the good sense of the nurse than on the skill of the doctor. There are days of waiting, and watching, and doing nothing; days when nothing but mischief would result from interference; when to sponge the parched skin with lukewarm water, to give drink to relieve the thirst, to keep the room well aired, the child's clothes sweet and clean, are all that can be done, all that it is right to try to do. To do this well, by gentleness to quiet the child's fretfulness, by cheerfulness to keep up the spirits of the parents,—these are the nurse's duties, and duties far from easy to perform. There are, moreover, a few prejudices which, not

on the nurse's part only, but also sometimes on the part of the child's friends, stand in the way of its proper management during fever. In the first place, there is an over great dread of catching cold, and the room is in many cases kept in consequence both hot and ill-ventilated. When children are suffering from measles, it is indeed well to keep the room at a temperature of about 60° ; but in the other fevers the temperature should not exceed 55° at the utmost. Be the temperature that is considered necessary what it may, it is not to be maintained by excluding fresh air from the apartment, and making the child breathe over and over again that which has already been made impure. A fire, indeed, is very often necessary for the maintenance of even a very moderate temperature in the room, but the fire is at the same time a very great help towards the efficient ventilation of the room. The efficiency of ventilation, however, depends on the purity of the air admitted to replace that which has already become unwholesome, and on this

Atmospheric temperature.

account the ventilation of a sick-room from the staircase, or from an adjoining chamber, is always far inferior to the admission of fresh air from an open window, is often miserably insufficient. So long too as the patient is in bed, there is little if any risk of cold being caught from a partially open window; that danger begins when the patient is well enough to be up and move about in the apartment, and when consequently he runs the risk of getting into draughts. When recovery is advanced to this point, ventilation has to be provided for before the patient rises, or when he leaves one room for another; a change by the by which needs to be made with much care and prudence. There is a fear also of washing the surface, or of changing the linen, lest the rash should be driven in, or cold should be taken in either of these ways. Even in measles, however, in which alone there is the least ground for any such fear, if lukewarm water be used, and if only a small part of the

About washing.

body be washed at one time, there is no danger even from frequent washing, while the passing a damp sponge frequently over the surface is a very great comfort, in many instances, to the patient whose skin is burning hot with fever. The same remark applies to changing the linen, which, indeed, needs to be done more frequently in the course of fevers than of almost any other diseases. The same kind of objection, and with no better reason, is often raised to allowing cold drinks to the patient, though they are most refreshing to persons suffering from burning thirst, and lukewarm water, or toast-water, or barley-water, afford but a poor substitute for the cold water for which the patient longs. The quantity of water given at a time should not exceed one or two table-spoonfuls, but that may be given quite cold, and may be repeated almost as often as it is asked for. I may not add, that no more should be given to a child than it may be safely allowed to take at once; it will be content with a tiny cup,

About drink

if quite full, when it would fret exceedingly at being compelled to set down a vessel, however large, unemptied.

About
nourishment.

Another prejudice, which shows itself more in ill-advised remarks than in acts, concerns the nourishment required by patients during a fever. For days together a child may perhaps take nothing but a little tea or barley-water or thin arrow-root, and this in quantities so small as would not have sufficed it when in health for a single meal. All this time, too, the little one may seem to be growing worse and worse, and the natural anxiety of friends makes them fear lest the child should sink for want of nourishment. It should, however, be borne in mind that when fever runs high no food can be properly digested; that food not digested would do harm, and disorder the stomach and bowels, and thus perhaps destroy all chances of recovery; and that to determine when to give nourishment, or to order wine, instead of being an easy matter which any nurse can settle, is often one of the most difficult points

or the most skilful doctor to determine. In
 o disease, then, is the strictest obedience to
 the doctor's directions in point of diet of such
 moment as in the case of fever; and this
 obedience must show itself, not only in
 punctually doing all that is prescribed, but
 so in abstaining from doing anything that
 has not been ordered.

Duty of
 dience.

If these few and simple hints prove useful.
 may at some future time go more into
 particulars than I have done now. In the
 meantime may I beg that you will not throw
 this little book aside, as if it told you nothing
 of what you knew before: or as if you
 could be good enough nurses without know-
 ing it. There is an old proverb which says,
 "Whatever is worth doing at all, is worth
 doing well;" and about nothing can this be
 more true than about an occupation on
 the well doing of which health and life
 depend. The things I have spoken to you
 are, indeed, little things, but the business

Conclusion.

of life consists much less in great things than in performing little duties, exercising little virtues, doing little acts of kindness. This is especially the business of *your* lives : — need I remind you that large things depend upon it, large things to those whom you have to do with here, large things to yourselves hereafter? My earnest wish and prayer for yourselves and for myself is, that when our business here is done, we may hear the approving words : “ Well done, good and faithful servant ; thou hast been faithful over a few things, I will make thee ruler over many things.”

FACTS

ILLUSTRATIVE OF THE NEED OF A
CHILDREN'S HOSPITAL.

1st.—THE mortality of Children under ten years is only two per cent less than it was fifty years ago. Of 50,000 persons dying annually in London, 21,000 are Children under that age.

2nd.—The Hospitals of London are inadequate to afford accommodation for Sick Children. In January 1843, of 2,336 patients in all the hospitals, only 26 were Children under ten, suffering from diseases peculiar to their age.

3rd.—Medical knowledge concerning Children's diseases is particularly defective, owing to the want of sufficient opportunities for their study.

4th.—A special Hospital for Children is needed, because the proper care of Sick Children requires special arrangements.

5th.—Children's hospitals have been established with success in seventeen of the chief cities of Europe, but there was not one in the United Kingdom till the Hospital for Sick Children was opened in Ormond Street.

6th.—*The opinion of the Medical Profession* is almost unanimous in its favour :—

“I will venture to say that the poor, as a class, will gain more from the establishment of a Hospital for Children's Diseases, than they would from any general hospital.”

DR. LATHAM.

“It is a truth which ought to be confessed, that the disorders of early life are less generally understood than those that are incident to maturer age ; and it is a truth which still more deserves publicity, that the imperfection of our knowledge is mainly owing to our want of hospitals dedicated to the reception of Sick Children.” DR. WATSON.

“The proposal to establish in the imme-

mediate vicinity of London a Hospital for Sick Children, is a measure so fraught with prospective benefits to every class of the community, that I cannot but regard it with deep interest and solicitude."

DR. BURROWS.

"It is a decided WANT in this Metropolis.
. . . . You have my best wishes for its success, and shall have any influence I can obtain for you." Sir C. LECOCK, Bart.

"I shall be happy to co-operate in its establishment in any way which you may deem most likely to benefit the Institution."

DR. FERGUSON.

"The establishment of a Children's Hospital in London, while proving an inestimable boon to themselves and their distressed parents, must also tend greatly to the advancement of medical knowledge in the important department of Infantile diseases."

SIR JOHN FORBES.

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